

Spring Township  
1309 Blanchard Street  
Bellefonte, PA 16823  
814-355-5067 Fax 814-355-2801

REGISTER OF NONCONFORMING USES AND STRUCTURES

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ Parcel Address \_\_\_\_\_

1. Describe the nonconforming use or structure.
  
2. State all information known to the landowner about the date when nonconforming use or structure came into existence.
  
3. State the uninterrupted existence or continuation of the nonconforming use or structure.
  
4. State the names of all witnesses or list the evidence which may support the claim of existence and continuation of nonconformity.

**AFFIDAVIT**

I hereby certify that I am the owner in fee of the property upon which this application is being filed and that the above statements are true to the best of knowledge.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Official Use only

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Denied By \_\_\_\_\_ Date \_\_\_\_\_

Reasons:

If additional space is needed print on the backside of this form or attach a separate sheet. Please print all information.

Please provide available records of existing and continuing nonconforming use.